Knee Arthroscopy
Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk /) or consider use of advice and guidance services where available.

Section A - Criteria to Access Treatment

The ICB will fund knee arthroscopy in patients only where:

Clinical examination (or MRI scan) has demonstrated clear evidence **of a new episode* of** internal joint derangement (i.e. ligament rupture or loose body within the knee)

OR

The patient is suffering with regular clinically significant mechanical symptoms such as true knee locking or the knee is unstable *i.e. giving way*.

OR

The patient is suffering confirmed Meniscal Tear with regular clinically significant mechanical symptom. (such as catching, locking, instability or giving way).

AND

"Patients with degenerative meniscal tear must have fully engaged with conservative management including physiotherapy for a period of at least 3 months. Conservative management can include advice, physio and support from the musculoskeletal services and pain management with non-steroidal anti-inflammatory drug (NSAID) painkillers. A trial of conservative management should be the first-line treatment for all patients with degenerative meniscal tears. (Khan M, 2014) "

*New Episode: A new episode is defined as a new event / tear or loose body which is independent to the previous event / injury which resulted in the need for the original Knee Arthroscopy. Patients must meet all required criteria for each new event.

*Surgery Failure: Where approval has been given under this policy and there is a proven failure of treatment outcome noted at the subsequent follow up appointment, then responsibility lies with the Surgical Provider to readdress the ongoing issue under the original funding approval.

Exclusions:

Knee arthroscopy is not routinely commissioned for the following indications and funding approval with supporting clinical evidence will need to be sought via the IFR route where there are exceptional circumstances present:

- Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

OR

The patient has previously had an arthroscopy to treat the affected knee resulting in

- the resolution of the tear which has now re-occurred.

OR

- Intractable knee pain even if considered likely the patient has the potential to benefit from arthroscopic treatment according to assessment by a Consultant Knee Surgeon.

OR

- For diagnostic purposes only.

NOTE: If clinical assessment suggests the patient may have a “Red flag” condition and therefore arthroscopy is needed urgently, refer for treatment without delay and without further reference to the criteria within this policy. Red flag conditions include:

- Septic Arthritis/infection,
- Carcinoma,
- bony fracture,
- avascular necrosis.

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BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

A knee arthroscopy treatment isn’t invasive, and for most patients, it’s finished in less than one hour.

Risks

A knee arthroscopy is generally considered to be a safe procedure, but like all types of surgery it does carry some risks. It's normal to experience short-lived problems such as swelling, bruising, stiffness and discomfort after an arthroscopy. These will usually improve during the days or weeks following the procedure.

More serious problems are much less common, occurring in less than 1 in 100 cases. They include:

- a blood clot deep vein thrombosis (DVT) can cause pain and swelling in the affected limb
- infection inside the joint/septic arthritis can cause a high temperature (fever), pain and swelling in the joint
- bleeding inside the joint which often causes severe pain and swelling
- accidental damage to the nerves that are near the joint – this can lead to numbness and some loss of sensation, which may be temporary or permanent

Alternatives

Continue with conservative measures including medication and physiotherapy.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

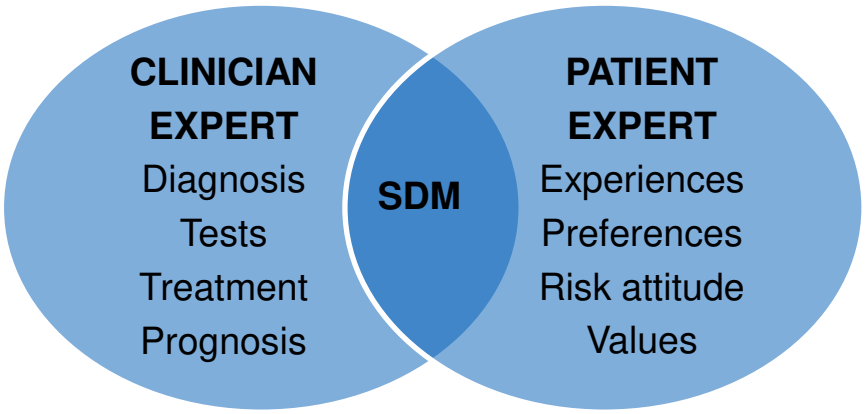
Knee Arthroscopy– Plain Language Summary

A Knee Arthroscopy is a surgical technique whereby a small telescope is inserted into a joint to inspect, diagnose and treat intra-articular problems. Knee irrigation or washout involves flushing the joint with fluid, which is introduced through small incisions in the knee

Shared Decision Making

If a person fulfils the criteria for knee arthroscopy it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2019) Health A to Z : Arthroscopy www.nhs.uk/conditions.

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICBs are responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only):

Procedures challenged in this policy:

OPCS Code: W801,W802,W803,W808,W809, W821, W822, W823, W824, W825, W826, W827, W828, W829, W851, W852, W853, W854, W855, W856, W857, W858, W859,W861,W868,W869, W871, W878, W879 , W881,W888,W889 or W833, W831, W832, W834, W835, W836, W837, W838, W839, W84, W840, W841, W842, W843, W844, W845, W846, W847, W848, W849 with Z846

Relevant diagnoses for this policy:

ICD10 Code: None

Diagnoses for which the above procedures are permitted:

ICD10 Codes: M361, M00, M01, M010, S724, S728, S729, S821, S829, M87, M870, M17, M170, M171, M172, M173, M174, M175, M176, M177, M178, M179, S82, S820

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net.**

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board